

STANDARD CERTIFICATE OF DEATH

State File No. **33179**

FILED OCT 3 1952

BIRTH NO. _____

REG. DIST. NO. **318**PRIMARY REG. DIST. NO. **1003**Registrar's No. **8218**

1. PLACE OF DEATH

a. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN **St. Louis**c. LENGTH OF
STAY (in this place)
_____d. FULL NAME OF
HOSPITAL OR
INSTITUTION **Lutheran Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE **Missouri**b. COUNTY **St. Louis**c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN **Ferguson** **7** **4109**d. STREET
ADDRESS **410 Jehling Drive** **1**

3. NAME OF DECEASED

a. (First)

b. (Middle)

c. (Last)

(Type or Print) **Eunice****L.****Lundt**4. DATE (Month) (Day) (Year)
OF DEATH **Aug. 29, 1952**

5. SEX

Female

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 1, 1913

9. AGE (in years last birthday)

39

10. MONTHS

39

11. DAYS

39

12. HOURS

39

13. MINUTES

39

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Self

11. BIRTHPLACE (State or foreign country)

St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13a. FATHER'S NAME

Charles W. Hendricks

13b. MOTHER'S MAIDEN NAME

Mabel Shay

14. NAME OF HUSBAND OR WIFE

E. Randall Lundt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

No

16. SOCIAL SECURITY NO.

Unknown

17. INFORMANT'S SIGNATURE OR NAME ADDRESS

E. Randall Lundt, 410 Jehling Dr.

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH^(a)**Carcinomatosis, generalized**

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I, attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **2:30A** am., from the causes and on the date stated above.

23a. SIGNATURE

(Degree or title)

23b. ADDRESS

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

Removal**9/2/52****Memorial Park Cem.****St. Louis Co., Missouri**

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

SEP 2 1952**J. Carl Smith****PROVOST UND. CO., 3710 N. Grand Blvd**

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *Stanley H. Dixon*

Licensed Embalmer No. *4193*

P. O. Address *St. Louis*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.